

## **APPLICATION DATA SHEET**

### **Application Information**

Application Number::	Unassigned
Filing Date::	Unassigned
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title Line One::	System and Method For Water Heater Protection
Attorney Docket Number::	63734.000002
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Figures 1, 2, 3, 4, and 5
Total Drawing Sheets::	5
Small Entity?::	Yes
Petition Included?::	No
Petition Type::	
Licensed US Government Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Application?::	

### **Applicant Information**

Applicant One Authority Type:: Inventor  
Primary Citizenship:: United States  
Country:: USA  
Status:: Full Capacity

Applicant One Given Name:: Eugene C.  
Middle Name::  
Family Name:: Wanecski  
Name Suffix::  
City of Residence:: Medina  
State or Province of Residence:: New York  
Country of Residence:: USA  
Street of Mailing Address Line One:: 12455 Porter Road  
Street of Mailing Address Line Two::  
City of Mailing Address:: Medina  
State or Province of Mailing Address:: New York  
Country of Mailing Address:: United States  
Postal or Zip Code:: 14103

**Correspondence Information**

Correspondence Customer No.: 21967  
Name:: Stephen T. Schreiner  
Street of Mailing Address Line One:: 1900 K Street, NW  
Street of Mailing Address Line Two::  
City of Mailing Address: Washington,  
State or Province of Mailing Address:: District of Columbia  
Country of Mailing Address:: United States  
Postal or Zip Code:: 20006  
Telephone Number:: (202) 955-1500

Facsimile Number:: (202) 955-2201  
E-Mail Address:: sschreiner@hunton.com

**Representative Information**

Representative Customer Number:: 21967

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country:	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name::  
Street of Mailing Address Line One::  
Street of Mailing Address Line Two::  
City of Mailing Address::  
State of Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code::